

ADDITIONAL EMPLOYER (*Information Fields Must Be Completed)

*EMPLOYER NAME:		ACCOUNT NUMBER: (Local Office Only)	UNIT NUMBER: (Local Office Only)
*STREET NAME:			
*CITY:	*STATE:	*COUNTY:	*ZIP CODE:
EMPLOYER PHONE: ()	ORIGINAL HIRE DATE:	DATE LAST WORK ENDED:	

Are you scheduled to return to work or start a new job with 10 weeks? Yes No
 If yes date you are scheduled to return to work _____

*Was your last work? 1-Full time (40 hrs) 2-Part time (less than 40 hrs) 3-Temporary (120 days or less)

***Type of separation:**

Laid Off: <input type="checkbox"/> Weather <input type="checkbox"/> Lack Of Work <input type="checkbox"/> Finished Job <input type="checkbox"/> Business Closed	Quit: <input type="checkbox"/> Personal Emergency <input type="checkbox"/> Health <input type="checkbox"/> General	Discharged: <input type="checkbox"/> Sleeping <input type="checkbox"/> Fighting <input type="checkbox"/> Absent/Tardy <input type="checkbox"/> Insubordination <input type="checkbox"/> Drinking/Drug Test <input type="checkbox"/> General	School Employee: <input type="checkbox"/> Spring Break <input type="checkbox"/> Summer Break <input type="checkbox"/> Holiday	Other: <input type="checkbox"/> Suspension <input type="checkbox"/> Shared Work <input type="checkbox"/> Vacation <input type="checkbox"/> Lockout <input type="checkbox"/> Family Medical Leave <input type="checkbox"/> Reduced from full time (40 hrs)	<input type="checkbox"/> Medical Leave <input type="checkbox"/> Strike <input type="checkbox"/> Holidays <input type="checkbox"/> Still Working Part time
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ELIGIBILITY INFORMATION (*Information Fields Must Be Completed)

<p>*Do you want to have Federal Income Taxes withheld from your weekly benefit payment?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Have you had work of any kind since your LAST EMPLOYER?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Are you entitled to or are you receiving any of the following:</p> <p style="padding-left: 20px;">*Vacation Pay?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">*Holiday Pay?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">*Bonus Pay?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">*Sick Pay?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">*Severance Pay?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">*Profit Sharing?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">*Paid off Time..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Are you receiving or have you applied for a pension, annuity, or retirement from former employers? (not including social security) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Can you begin work immediately?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Can you work Full Time?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Do you have transportation to a job or has transportation to a job been arranged?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Do you have any disabilities that limit your ability to perform your normal job duties? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Are you self-employed, working on a commission or farming which prevents you from seeking work or accepting a job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*Do you have children/others that require care?.. <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, have arrangement for their care been made if you find work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you refused any job since you became unemployed?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Are you planning on attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Do you have a date for entering school in future? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided</p> <p>*Have you worked in Federal Employment in the past 18 months?(Not to include Military Service)..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If Yes *1)Do you have a copy of your SF-8 or SF-50? (ES 931 Form)..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*2)Do you have proof of your last earnings?(ES 935 Form).... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*Have you had active Military Service in the past 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If Yes, do you have a copy of your DD-214? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If Yes, Form 970 required.</p> <p>*If No, MA - 843 required.</p> <p>*Do you obtain work through a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If Yes, Name: _____ Local Number: _____</p> <p>*Are Dues Paid?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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I hereby register for work and file notice of unemployment, and request a determination of my benefit rights under Arkansas Employment Security Law. I certify the information given on this form is correct and understand that penalties are provided for making false statements or failing to disclose material facts in order to obtain benefits.

Signature:	Date:
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LOCAL OFFICE USE ONLY

REQUALIFYING WAGES: <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN DATE:	CONTROL DATE:	INTERVIEWERS INITIALS:
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